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FACSIMILE TRANSMITTAL SHEET

Date: June 20, 2006 File No.: AWI90101  
From: John R. Uren  
To: Examiner Ivars C. CINTINS, Group Art Unit 1724  
Appln. Serial No. 09/303,306  
AFTER FINAL-DEADLINE JUNE 22, 2006  
Facsimile No.: (571) 273-8300 Telephone No.: (571) 272-1155  
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MESSAGE: PLEASE REPLY TO WEST VANCOUVER OFFICE  
PLEASE CONVEY THIS PAPER TO EXAMINER CINTINS WHO IS WATCHING  
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*John D. Owen*

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JUN 20 2006

Atty. Docket No. AWI90101

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: :  
HAMBLEY, DAVID M. and :  
HAMBLEY, PHILIP : Examiner: Ivars C. CINTINS  
Serial No.: 09/303,306 : Group Art Unit: 1724  
Filed: April 30, 1999 :  
For: FILTER UNDERDRAIN SYSTEM :  
FOR BACKWASH FLOW AND METHOD :  
FOR MEASURING SAME :

AMENDMENT TRANSMITTAL LETTERBY FACSIMILE (571 273-3800)

Honorable Commissioner of Patent and Trademarks  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response to the Examiner's  
Advisory action May 23, 2006 and to the Examiner's final  
action of December 22, 2005.

☒ Small entity status of this application under 37  
C.F.R.1.9 and 1.27 has been established by a  
verified statement previously submitted.

☐ A verified statement to establish small entity  
status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

Total claims remaining after amendment.....	39
(Minus) Highest no. previously paid for	<u>39</u>
(NOTE: A fee is paid for each claim	<u>0*</u>
in excess of twenty(20))	

- 2 -

Total independent claims after amendment... 9  
(Minus) Highest no. previously paid for.... 9  
(NOTE: A fee is paid for each independent 0\*\*  
claim in excess of three(3))

First presentation of multiple dependent  
claim.....Q\*\*\*  
(NOTE: A fee is paid for each multiple dependent claim)

<u>Small Entity</u>		<u>Large Entity</u>	
*0 x \$9.00	0.00	*0 x \$18.00	0.00
**0 x \$39.00	0.00	**0 x \$78.00	0.00
***0 x \$130.00	<u>0.00</u>	***0 x \$260.00	<u>0.00</u>

Total Fee: 0.00 Total Fee 0.00

- ☒ No additional fee is required.
- ☐ Our check is enclosed.
- ☐ Please charge deposit account no. 21-0885. A duplicate copy of this form is attached.
- ☒ Please charge any additional fees due, or credit any overpayment, to deposit account no. 21-0885. A duplicate copy of this form is attached.

Respectfully submitted,

HAMBLEY, DAVID et al

By:

John R. Uren  
Regn No. 27,530

Date: June 19, 2006

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